Revision: HCFA-PM-91-4 (BPD) OMB No.: 0938-AUGUST 1991 State/Territory: New Hampshire Amount, Duration, and Scope of Services: EPSDT Citation 3.1(a)(9)Services (continued) /X/ 42 CFR 441.60 The Medicaid agency has in effect agreements with continuing care providers. Described below are the methods employed to assure the providers' compliance with their agreements. SEE ATTACHED PAGE 22a 42 CFR 440.240 (a)(10) Comparability of Services and 440.250 Except for those items or services for which sections 1902(a), 1902(a)(10), 1903(v), 1915 1902(a) and 1902 and 1925 of the Act, 42 CFR 440.250, and (a)(10), 1902(a)(52), section 245A of the Immigration and 1903(v), 1915(g), and Nationality Act, permit exceptions: 1925(b)(4) of the Act Services made available to the (i) needy person.

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- categorically needy are equal in amount, duration, and scope for each categorically
- (ii) The amount, duration, and scope of services made available to the categorically needy are equal to or greater than those made available to the medically needy.
- (iii) Services made available to the medically needy are equal in amount, duration, and scope for each person in a medically needy coverage group.
- /X/ (iv) Additional coverage for pregnancy-related services and services for conditions that may complicate the pregnancy are equal for categorically and medically needy.

TN No.

Supersedes Approval Date 87-5a TN No. _

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22a

3.1(a)(9) Continued

- 1. On-site evaluations by Bureau providing the services
- 2. Periodic program reviews by Public Health Administration
- 3. Reports--statistical/clinic/recipient
- 4. Medical record reviews--SURS

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Revision:	HCFA-PM-93-	(BPD)

State/Territory:

Citation

3.1 Amount, Duration, and Scope of Services (continued)

42 CFR 431.53

(c) (1) Assurance of Transportation

Provision is made for assuring necessary transportation of recipients to and from providers. Methods used to assure such transportation are described in <u>ATTACHMENT</u> 3.1-D.

42 CFR 483.10

(c) (2) Payment for Nursing Facility Services

The State includes in nursing facility services at least the items and services specified in 42 CFR 483.10 (c) (8) (i).

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Revision: HCFA-AT-80-38 (BPP)

May 22, 1980

State New Hampshire

Citation 42 CFR 440.260 AT-78-90

3.1(d) Methods and Standards to Assure
Quality of Services

The standards established and the methods used to assure high quality care are described in ATTACHMENT 3.1-C.

TN # 76-39 Supersedes # MT

Approval Date 1/3/77 Effective Date 8/25/76

OFFICIAL

Revision: HCFA-AT-80-38 (BPP)

May 22, 1980

State New Hampshire

Citation 42 CFR 441.20 AT-78-90

3.1(e) Family Planning Services

The requirements of 42 CFR 441.20 are met regarding freedom from coercion or pressure of mind and conscience, and freedom of choice of method to be used for family planning.

PM87-5

State/Territory:

New Hampshire

Citation 42 CFR 441.30 AT-78-90

3.1 (f) (1) Optometric Services

Optometric services (other than those provided under §§435.531 and 436.531) are not now but were previously provided under the plan. Services of the type an optometrist is legally authorized to perform are specifically included in the term "physicians' services" under this plan and are reimbursed whether furnished by a physician or an optometrist.

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/ / Yes.

// No. The conditions described in the first sentence apply but the term "physicians' services" does not specifically include services of the type an optometrist is legally authorized to perform.

/X/ Not applicable. The conditions in the first sentence do not apply.

1903(i)(1)
of the Act,
P.L. 99-272

(Section 95077

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(2) Organ Transplant Procedures

Organ transplant procedures are provided.

<u>/</u>/ ¥0.

Yes. Similarly situated individuals are treated alike and any restriction on the facilities that may, or practitioners who may, provide those procedures is consistent with the accessibility of high quality care to individuals eligible for the procedures under this plan. Standards for the coverage of organ transplant procedures are described at ATTACHMENT 3.1-E.

TN No. 89-12 Supersedes TN No. 87-5a

Approval Date 3/1/99

Effective Date 06/16/89

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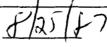
State/Territory:		ry:	New Hampshire
Citation 42 CFR 431.110(b)	3.1 (g) <u>P</u>	articipation by Indian Health Service Facilities
AT-78-90	p	ndian Health Service facilities are accepted as roviders, in accordance with 42 CFR 431.110(b), on he same basis as other qualified providers.	

1902(e)(9) of the Act, P.L. 99-509 (Section 9408) (h) Respiratory Care Services for Ventilator-Dependent Individuals

Respiratory care services, as defined in section 1902(e)(9)(C) of the Act, are provided under the plan to individuals who --

- (1) Are medically dependent on a ventilator for life support at least six hours per day;
- (2) Have been so dependent as inpatients during a single stay or a continuous stay in one or more hospitals, SNFs or ICFs for the lesser of--
 - / / 30 consecutive days;
 - // ___ days (the maximum number of inpatient days allowed under the State plan);
- (3) Except for home respiratory care, would require respiratory care on an inpatient basis in a hospital, SNF, or ICF for which Medicaid payments would be made;
- (4) Have adequate social support services to be cared for at home; and
- (5) Wish to be cared for at home.
- // Yes. The requirements of section 1902(e)(9) of the Act are met.
- / W Not applicable. These services are not included in the plan.

TN No. 87-5a Supersedes **TN No.** 78-2



Effective Date _July 1, 1987

HCFA ID: 1008P/0011P